

**ARIZONA DEPARTMENT OF HEALTH SERVICES**

**AFFIDAVIT TO CORRECT OR AMEND A DEATH CERTIFICATE**

To correct the decedent's name, date of birth, or place of birth you must submit a document such as a copy of a certified birth certificate that supports the change you are requesting.

To correct the decedent's social security number you must submit a document such as a copy of the original social security card, income tax records, W-2 Forms, etc that supports the change you are requesting.

To correct the decedent's parent or parent's name(s) you must submit a document such as a copy of a certified birth certificate of the decedent or a copy of the parent's birth certificate.

<i>Decedent's Name</i>		<i>Date of Death</i>	
<i>Town or City of Death</i>		<i>County of Death</i>	

**Please use black ink only and separate the first, middle and last names by using commas. ANY ALTERATIONS SHALL INVALIDATE THIS AFFIDAVIT**

<b>DATA</b>	<b>AS IT READS NOW</b>	<b>CORRECTION/AMENDMENT DESIRED</b>
<i>Decedent's Name (first, middle, last)</i>		
<i>Decedent's Social Security Number</i>		
<i>Decedent's Date of Birth (mm,dd,yyyy)</i>		
<i>Decedent's Place of Birth</i>		
<i>Other changes (please specify)</i>		
<i>Other changes (please specify)</i>		

The undersigned, declares upon oath that to the best of my knowledge and belief such changes and additions as shown on this affidavit are necessary to make this vital record correct.

**Notary Public:**

Affiant Signature \_\_\_\_\_ Relationship to Decedent \_\_\_\_\_

State of \_\_\_\_\_, County of \_\_\_\_\_, on this \_\_\_\_, day of \_\_\_\_\_, 20\_\_\_\_, before me

personally appeared \_\_\_\_\_(name of affiant), whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and who acknowledged that he/she signed the above/attached document.

Notary Signature \_\_\_\_\_

Expiration Date \_\_\_\_\_

**Notary Stamp/Seal**